

Form SF-5 Rev. 1-1-2001	ARKANSAS WORKERS' COMPENSATION COMMISSION SPECIAL FUNDS DIVISION 324 Spring Street, P. O. Box 950, Little Rock, AR 72203-0950 501-682-5187 / 1-866-880-8444 (Toll-free)	SF-5
Authority: Ark. Code Ann. § 11-9-801		

GUARDIAN'S AFFIDAVIT - DEPENDENT CHILD(REN)

Re: _____, Deceased AWCC File No. _____
Claimant AWCC File No.

(Please read the cover letter from the Death & Permanent Total Disability Trust Fund that came with this Affidavit before completing the Affidavit.)

AFFIDAVIT

I, _____, hereby certify that I am the lawful legal guardian
Guardian's Name
of the estate(s) of the dependent(s) named below of _____ (deceased), that
Claimant
the information given about the child(ren) is correct, and I will promptly notify the Trust Fund of any change in my court-appointed guardianship or physical custody of any named dependents. (Check if used: ☐ Additional dependent children are listed on the back of this sheet.)

Dependent (name) _____ is currently living in the household of:

Name of person or agency child currently lives with		That person's relationship to child	
Address		City	State ZIP
Guardian's home telephone	Guardian's work telephone, if any	Name and place of work, if any	
Name of school this child currently attends, if any		School telephone number	Current grade level

Guardian's signature
State _____)
County _____)

Subscribed and sworn to before me this _____ day of _____, 2_____.

My commission expires:

Notary Public

Ark. Code Ann. §11-9-106(a): "Any person or entity who willfully and knowingly makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who willfully and knowingly employs any device, scheme, or artifice for the purpose of: obtaining any benefit or payment; defeating or wrongfully increasing or wrongfully decreasing any claim for benefit or payment; or obtaining or avoiding workers' compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for any of said purposes, under this chapter shall be guilty of a Class D felony. Fifty percent (50%) of any criminal fine imposed and collected under this section shall be paid and allocated in accordance with applicable law to the Death and Permanent Total Disability Trust Fund administered by the Workers' Compensation Commission."



AWCC FORM SF-5
GUARDIAN'S AFFIDAVIT DEPENDENT CHILDREN - CONTINUATION SHEET

2. **Dependent** (name) _____ is currently living in the household of:

Name of person or agency child currently lives with	That person's relationship to child
---	-------------------------------------

Address	City	State	ZIP
---------	------	-------	-----

Guardian's home telephone	Work telephone, if any	Name and place of work, if any
---------------------------	------------------------	--------------------------------

Name of school this child currently attends, if any	School telephone number	Current grade level
---	-------------------------	---------------------

3. **Dependent** (name) _____ is currently living in the household of:

Name of person or agency child currently lives with	That person's relationship to child
---	-------------------------------------

Address	City	State	ZIP
---------	------	-------	-----

Guardian's home telephone	Work telephone, if any	Name and place of work, if any
---------------------------	------------------------	--------------------------------

Name of school this child currently attends, if any	School telephone number	Current grade level
---	-------------------------	---------------------

4. **Dependent** (name) _____ is currently living in the household of:

Name of person or agency child currently lives with	That person's relationship to child
---	-------------------------------------

Address	City	State	ZIP
---------	------	-------	-----

Guardian's home telephone	Work telephone, if any	Name and place of work, if any
---------------------------	------------------------	--------------------------------

Name of school this child currently attends, if any	School telephone number	Current grade level
---	-------------------------	---------------------

5. **Dependent** (name) _____ is currently living in the household of:

Name of person or agency child currently lives with	That person's relationship to child
---	-------------------------------------

Address	City	State	ZIP
---------	------	-------	-----

Guardian's home telephone	Work telephone, if any	Name and place of work, if any
---------------------------	------------------------	--------------------------------

Name of school this child currently attends, if any	School telephone number	Current grade level
---	-------------------------	---------------------

